



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Bronwyn Polachowski

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Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$236517235
Outpatient Patient Service Revenue	\$246084264
Total Gross Patient Service Revenue	\$482601499

2. Deductions From Revenue

Contractual Allowance	\$281500130
Other Deductions	\$17990554
Total Deductions	\$299490684

3. Total Operating Revenue

Net Patient Service Revenue	\$183110815
Other Operating Revenue	\$2575021
Total Operating Revenue	\$185685836

4. Operating Expenses

Salaries and Wages	\$39818574	Employee Benefits	\$10684057
Depreciation and Amortization	\$6849150	Interest Expense	\$709796
Bad Debt	\$435568	Other Expenses	\$58483768
Total Operating Expenses	\$116980913		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$68704923	Total Assets	\$100090000
Net Non-operating Gains over Loss	\$-3167200	Total Liabilities	\$27056000

Total Net Gains	\$65537723
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$135191554	\$108606466	\$26585088
Medicaid	\$52535243	\$42722564	\$9812679
Other Government	\$4384336	\$3232612	\$1151724
Other State	\$0	\$0	\$0
Other Payers	\$290490367	\$145364611	\$145125756
Total	\$482601500	\$299926253	\$182675247

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$168315	\$-168315

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$56519	\$-56519
Hospital Patients	\$0	\$148195	\$-148195
Community Education	\$0	\$71203	\$-71203

Number of Medical Professionals Trained	\$50
Number of Hospital Patients Educated	\$5107
Number of Citizens Exposed to Health Education Messages	\$10396

Statement Six: Charity Statement

Hospital Charity Charges	\$10762552
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2442426	
HCI Payments	\$0		
Subtotal	\$0	\$2442426	\$-2442426
Medicaid Shortfalls	\$0	\$6965690	
Subtotal	\$0	\$9408116	\$-9408116
DSH Payments	\$0		
Subtotal	\$0	\$9408116	\$-9408116
Medicare Shortfalls	\$0	\$4185080	
Other Government Programs	\$0	\$0	
Total	\$0	\$13593196	\$-13593196

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$575907	\$-575907
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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